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BIBDATASHEET

CONFIRMATION NO. 4903

Bib Data Sheet

SERIAL NUMBER 09/852,965	FILING OR 371(c) DATE 05/10/2001 RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. 2478.1002-002
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APPLICANTS

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 John L. Kane, Maynard, MA;
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 Fred Vinick, Lexington, MA;
 Shuang Qiao, Cambridge, MA;
 Sharon R. Nahill, Belmont, MA;
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** CONTINUING DATA *****

This appln claims benefit of 60/203,784 05/12/2000 } m
 and claims benefit of 60/205,213 05/18/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 107	INDEPENDENT CLAIMS 18
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u> </u> Initials <u> </u>				

ADDRESS

21005

TITLE

Modulators of TNF-alpha signaling

FILING FEE RECEIVED 3606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 4903

SERIAL NUMBER 09/852,965	FILING DATE 05/10/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 2478.1002-002
APPLICANTS Scott F. Sneddon, Salem, MA; John L. Kane, Maynard, MA; Bradford H. Hirth, Littleton, MA; Fred Vinick, Lexington, MA; Shuang Qiao, Cambridge, MA; Sharon R. Nahill, Belmont, MA;				
Add two more inventors.				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/203,784 05/12/2000 AND CLAIMS BENEFIT OF 60/205,213 05/18/2000				
* FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/11/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 107
Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u>				INDEPENDENT CLAIMS 18
ADDRESS 30093				
TITLE Modulators of TNF-alpha signaling				
FILING FEE RECEIVED 3606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	